

Printed 08/15/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
09/560,836	04/28/2000	705	2162	204,307

APPLICANT  
JAMES GROSSMAN, WESTPORT, CONNECTICUT.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

None

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name: Initials	CT	26	39	6

ADDRESS  
CANTOR COLBURN, LLP  
55 GRIFFIN ROAD SOUTH  
BLOOMFIELD, CT 06002

TITLE  
METHOD OF DISTRIBUTING PRINTED ADVERTISING

FILING FEE RECEIVED  \$*****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
-------------------------------------	---	---



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

SERIAL NUMBER 09/560,836	FILING DATE 04/28/2000 RULE	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 204,307
-----------------------------	-----------------------------------	--------------	------------------------	-----------------------------------

**APPLICANTS**

James Grossman, Westport, CT ;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 07/10/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 26	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

Abelman Frayne & schwab  
150 East 42nd Street  
New York ,NY 10017-5612

**TITLE**

Method of distributing printed advertising

FILING FEE RECEIVED 633	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------	---	---